

AAG 2005 ANNUAL MEETING REGISTRATION FORM

Everyone who attends the AAG Annual Meeting must register. **Use this form if you have not already registered for any part of the meeting.** Space is limited for all events, field trips and workshops. AAG reserves the right to cancel any event with insufficient enrollment. All fees are payable in US dollars, by check, money order, Visa, or MasterCard. All requests must be in writing and received by the stated deadlines. Cancellation requests received through 26 January 2005 will incur a \$50 cancellation fee. Requests received after 26 January 2005 will incur a \$70 cancellation fee. Requests received after 16 March 2005 cannot be processed.

FIRST _____ M.I. _____ LAST _____

AFFILIATION _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

E-MAIL ADDRESS _____

DAYTIME PHONE () _____

NAME OF COMPANION/SPOUSE WHO IS NOT PRESENTING A PAPER (if registering for meeting) _____

Do you have any disabilities or special needs? Please explain:

I. REGISTRATION

	<i>Before 16 March</i>	<i>After 16 March</i>	
Regular Member	\$235	\$290	\$ _____
Student/Retired Member	\$125	\$150	\$ _____
Nonmember	\$365	\$410	\$ _____
Nonmember Student	\$180	\$210	\$ _____
Companion/Spouse	\$75	\$125	\$ _____
One day registration	\$190	\$210	\$ _____

TOTAL REGISTRATION FEE \$ _____

II. SPECIALEVENTS

	Quantity	Price
Banquet - individual ticket	___ @ \$55	\$ _____
Banquet table - 10 tickets	___ @ \$530	\$ _____
Awards Luncheon - individual ticket	___ @ \$40	\$ _____
Awards Luncheon table - 10 tickets	___ @ \$380	\$ _____

TOTAL FEES FOR SPECIAL EVENTS \$ _____

III. ABSTRACT BOOK/CD

Quantity Price
(Abstracts are available online to all registrants at no charge. If you also wish to purchase a printed abstract book or an abstract CD, sign up here.)

2005 Meeting Abstract Book	___ @ \$25	\$ _____
2005 Meeting Abstract CD	___ @ \$10	\$ _____
TOTAL FEES FOR BOOK/CD		\$ _____

IV. RECAP/PAYMENT

Registration Fee	\$ _____
Special Events	\$ _____
Abstract Book/CD	\$ _____
GRAND TOTAL (US Dollars Only)	US\$ _____

Check for \$ _____ Attached (Payable to AAG)

Please charge \$ _____ to my VISA/MC (Sorry, no AmEx or Discover)

Card # _____

Expiration Date: _____ Signature _____

**Please return completed form along with
payment to:**

AAG 2005 Annual Meeting Registration
1710 16th Street, NW,
Washington, DC 20009
Fax (202) 234-2744
Questions? (202) 234-1450

